		Effective December 8, 2004									10/55287/				
					SMALL I	ЕНТІ	ΤΥ	- 1	OTI OR SMA	HER THAN					
-	I S NATION	AL STAGE FEE		lumn 1)	T	(Column 2)							SMA	LL ENTIT	
U.S. NATIONAL STAGE FEES									RATE	_	FEE	_	RATI	E FE	
BASIC FEE				ENT. = \$ 150	LARGE ENT. = \$ 300 All other situations =			BASIC FEE					R BASIC FE	<u> </u>	
E	XAMINATION	FEE	(4) = :	Satisfies PCT Article 33(1)- (4) = \$50/\$100		\$ 100 / \$ 200			EXAM, FEE				EXAM, FEE	20	
S	EARCH FEE		ALL other	U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500			SEARCH FE	Œ			SEARCH F	EE 401	
FE	E FOR EXTR	A SPEC. PGS.	п	ninus 100 =		/ 50 =			X \$ 125 =				X \$ 250) =	
TC	TAL CHARGE	EABLE CLAIMS	117	minus 20 = .	4				X \$ 25 =			01	R X\$50	=	
N	DEPENDENT (CLAIMS	12	minus 3 =	4				X \$ 100 =			OF	R X \$ 200	=	
ΛU	LTIPLE DEPE	NDENT CLAIM F	PRESENT					I	+ \$ 180 =	-		OF	+ \$ 360	=	
1	If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	1		OF	TOTAL	- 	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							_	SMALL			OR 1		R THAN ENTITY	
Y L		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA			RATE	TI	DDI- ONAL EEE		RATE	ADDI- TIONA FEE	
MENDMENT	Total	•	Minus			=		L	X \$ 25 =			OR	X \$ 50 =		
Ü.	Independent		Minus	***		=		X	(\$ 100 =			OR	X \$ 200 =	:	
	FIRST PRES	SENTATION OF I	MULTIPLE DEF	LTIPLE DEPENDENT CLAIM				1	\$ 180 =		i	OR	+ \$ 360 =		
		ALL REPORTS TO THE						то	TAL ADDIT. FEE			OR	TOTAL ADDIT	r.	
		(Column 1)		(Caluma)	21	(Column 3)							-		
		CLAMS REMAINING AFTER AMENDMENT		(Column : HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA			RATE		DI- NAL EE		RATE	ADDI- TIONAL FEE	
	Fotal	•	Minus	**	-	:		х	\$ 25 =			OR	X \$ 50 =		
Ŀ	ndependent	•	Minus	***	=	-		X	\$ 100 =			OR	X \$ 200 =		
	FIRST PRESENTATION OF MU		LTIPLE DEPENDENT CLA		IM	и		+ \$ 180 =				OR	+ \$ 360 =		
	TOTAL ADDIT. FEE											or T	TOTAL ADDIT. FEE		
						•								•	
`~	the estada astron														
K	the "Highest Nun the "Highest Nun	nn 1 is less than the nber Previously Paid nber Previously Paid ber Previously Paid i	For IN THIS SP.	ACE is less than ACE is less than	n '20', e n '3', en	ter "3".	in the	аррг	opriate box i	n colu	ma 1:				

FORM PTO-875 (Rev. 02/2005)

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